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PMTCT Acceleration Project

PMTCT ACCELERATION PROJECT

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Quarterly Report, FY 2015

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ABBREVIATIONS AND ACRONYMS

ABUBEF	Association Burundaise pour le Bien-être Familial
AIDS	Acquired Immuno - Deficiency Syndrome
ANC	Antenatal Care
ANC1	First Antenatal care/visit
ANSS	Association Nationale de Soutien aux Séropositifs et Malades du SIDA
ART	Antiretroviral Therapy
ARV	Antiretroviral
CSOs	Civil Society Organizations
CC	Continuing Case
CD4	Cluster of Differentiation 4
CHW	Community Health Worker
EID	Early Infant Diagnosis
FHI 360	Family Health International
FP	Family Planning
FSW	Female Sex Worker
FY	Fiscal year
HC	Health Centre
HIV	Human Immuno- deficiency Virus
HTC	HIV Testing and Counseling
IEC	Information Education Communication
INSP	Institut National de Santé Publique
IUD	Intra-Uterine Device
IUSSDC	Institut Universitaire des Sciences de Santé et du Développement Communautaire
M&E	Monitoring and Evaluation
MSH	Management Sciences for Health
NC	New Case
OIs	Opportunistic Infections
PCR1	First Polymerase Chain Reaction Test
PE	Peer Educator
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-To-Child HIV Transmission
PPE	Post-Exposure Prophylaxis
PTQA	Program and Technical Quality Assessment
RH	Reproductive Health
SCMS	Supply Chain Management Services
SDM	Standard Days Method
STI	Sexually Transmitted Infections
SWAA	Society for Women against AIDS in Africa
TB/HIV	Tuberculosis/Human Immuno- deficiency Virus
USAID	United State Agency for International Development
WHO	World Health Organization

INTRODUCTION

PMTCT Acceleration Project is a three-year USAID/PEPFAR-funded project supporting HIV prevention activities in four provinces of Burundi, namely Bujumbura urban and rural, Gitega and Ngozi. The project started in May 2013 and aims to rapidly and effectively scale-up PMTCT services in the aforementioned provinces. The objectives are: (i) prevention of HIV among women of childbearing age; (ii) prevention of unwanted pregnancies among HIV+ women; (iii) prevention of mother-to-child HIV transmission and (iv) provision of care and support to HIV+ women, their infants and families. The project is being implemented by FHI 360, under the Contract number AID-GHH-I-00-07-00043-0 and is effective from May 10, 2013 to May 9, 2016.

As of September 2015, Project activities were being implemented through 22 partners, including 16 Government entities [thirteen Health Districts of the four provinces, two Hospitals [(one in Gitega & one in Ngozi) and the Faculty of Medicine of the University of Burundi] and six civil society organizations: ABUBEF, SWAA Burundi, ANSS, RBP+, Croix Rouge Ngozi and Service Yezu Mwiza.

I. ACHIEVEMENTS BY PROJECT OBJECTIVES

I.1. Objective # 1: Prevent HIV among women of childbearing age

Outlets offering HIV Testing services

The success of HIV prevention among women of childbearing age requires that all individuals have access to HIV counseling and testing services. The availability of these services in health facilities is a key element to reach this objective.
During this quarter, the project supported 232 service outlets distributed in the four provinces targeted by the project: 45 in Bujumbura city, 55 in Bujumbura Rural, 70 in Gitega and 62 in Ngozi.

HIV Testing and Counseling (HTC) among pregnant women attending ANC

Throughout this 4th quarter, ***PMTCT Acceleration Project*** supported 232 service outlets providing comprehensive PMTCT services such as Antenatal care, HIV testing and counseling, diagnosis and management of Sexually Transmitted Infections (STIs), safe obstetrical practices, counseling for safe infant feeding and follow-up until 18 months of age. Some facilities offer ARVs to PLHIV but do not provide ANC services for pregnant women: Service Yezu Mwiza, hospitals of Kiremba and Gitega.

During this reporting period (July-September 2015), 49,824 pregnant women attended the antenatal clinic visits (ANC), among them, 47,123(94.6% i.e. 47,123/49,824) were tested for HIV in ANC visits or during labor or delivery and received their test results. Among them, 324 pregnant women were newly tested HIV+, representing 0.7% of seropositivity. In addition to 324 pregnant women newly identified HIV+ throughout this period, 264 other pregnant women attended ANC settings knowing their HIV+ status prior to the current pregnancy. The total number of HIV+ pregnant women is therefore 588 (new identified HI+ plus those who were already on ART prior to the current pregnancy). Among pregnant women who attended ANC settings

knowing their HIV+ status, some were already on ART while other were not yet enrolled on ART. The total number of pregnant women knowing their HIV status is 47,387 (47,123+264)

HIV Testing and Counseling (HTC) in general population

HIV Testing and Counseling services targets the general population, including pregnant women and infants born to HIV+ mothers. In partnership with Management Science for Health (MSH) through the Supply Chain Management System project (SCMS), ***PMTCT Acceleration Project*** supplies laboratory commodities and other consumables to health facilities. During this period, the project supported 232 service outlets which were providing HTC services to general population as well as to pregnant women

During this reporting period, 97,512 individuals (23,227 males and 74,285 females) were tested for HIV. Among them, 96,071 (23,167 males and 72,904 females) received their test results. The percentage of individuals who received test results is 98.6% (96,071/97,515). This number includes individuals 48,948 from general population (23,167 males and 25,781 females) and 47,123 pregnant women. Among individuals tested and who received their test results during this fourth quarter, 1,609 individuals (465 males and 1,144 females) were tested HIV positive, representing 1.7% (1,609/96,071) of seropositivity. In the same way, 94,462 individuals (22,702 males and 71,760 females) were tested HIV-negative.

Sex/Age	<1	1-4	5-9	10-14	15-19	20-24	25-49	50+	Total
Male	106	438	300	416	2194	5630	12385	1698	23167
Female	118	458	407	444	10032	21981	38033	1431	72904

Individuals tested HIV+ were referred to clinical services for appropriate care, such as WHO staging, TB screening, cotrimoxazole/ARVs-eligibility assessment and care.

Table 1: HIV testing and counseling among general population including pregnant women

Health District	# of individuals tested for HIV		# of individuals tested for HIV and who received their test results		# of individuals tested for HIV+	
	M	F	M	F	M	F
Bujumbura Sud	1137	2948	2685	4521	107	230
Bujumbura Nord	2986	7430	2601	5894	89	253
Bujumbura Centre	2697	4360	1135	2578	41	122
Isare	1661	9360	2076	11632	46	97
Kabezi	1894	5001	2081	5675	11	31
Rwibaga	834	3237	696	2821	8	15
Ryansoro	1372	4817	2386	9227	43	114
Gitega	2334	9336	1870	6025	15	45
Kibuye	1901	6589	1424	4422	26	28
Mutaho	1424	4477	1320	4437	7	24
Ngozi	2085	6589	1352	3948	7	36
Buye	1360	4219	1473	5535	19	38
Kiremba	1542	5922	2068	6189	46	111
Total	23227	74285	23167	72904	465	1144

Partners of pregnant women were also advised and encouraged to be tested for HIV. Comparing to previous quarters, an improvement of partners who accompany and accept to be tested for HIV was

noticed. Some sites have registered an increasing number of partners who accompanied their pregnant women. This is due to sensitization meetings conducted by community health workers and male champions at community level. However, the number of partners accompanying their pregnant women is still low.

During this quarter, 122 HTC delivery points provided data on this aspect. 3,210 pregnant women benefited of HIV counseling in couple and 2,692 male partners were tested for HIV. As said above, some sites put in place strategies to encourage men accompany their pregnant women but male involvement in PMTCT services is still low and need to be promoted if considering the number of those tested in couple, which represents only 5.7% of the 47,123 pregnant women tested in antenatal care settings. For details see table 3 below.

Table 2: HIV testing and counseling among partners of pregnant women

Health District	# of pregnant women who benefited of HIV counseling and testing in couple	# of pregnant women who attended ANC services whose partners were tested for HIV in couple
Bujumbura Sud	28	19
Bujumbura centre	12	10
Bujumbura Nord	63	62
Isale	172	150
Kabezi	1241	873
Rwibaga	68	49
Gitega	125	82
Kibuye	201	201
Mutaho	429	425
Ryansoro	42	36
Buye	360	347
Kiremba	254	232
Ngozi	215	206
TOTAL	3210	2692

Post-Exposure Prophylaxis (PEP)

During this reporting period, Post-Exposure Prophylaxis was provided in supported ART sites. According to the national protocol, emergency antiretroviral prophylaxis is to be initiated within 72 hours after exposure, and continued for 28 days. Following those guidelines, 178 individuals (11 males and 167 females) received post-exposure prophylaxis.

Disaggregation according to sex and age groups is as follows:

Table 3: Individuals provided with PEP

Sex/Age	<10	10-14	15-17	18-24	25+	Total
Male	4	1	1	0	5	11
Female	45	24	39	21	38	167

HIV prevention among key populations

Services related to sexual and other risk prevention are targeting general population of childbearing age from 15 to 49 years old, female sex workers (FSW) and their partners. To reach this key population, message are provided through peer education at community level in 55 community sites distributed in the 4 provinces and those PE of FSW were trained by the 3 civil society organizations implementing community activities targeting key populations: ABUBEF, RBP+, and Service Yezu Mwiza.

Throughout this reporting period, different categories of individuals were reached by community interventions. Below are the number for individuals of childbearing age (15-49 years old) sensitized on different topics:

- 9,058 (4,305 males and 4,753 females) were sensitized on HIV/STIs;
- 392 (193 males and 199 females) were sensitized on the importance of early ANC (before 14 weeks of amenorrhea;
- 1,269 (409 males and 860 females) were sensitized about Family Planning;
- 5,945 individuals (2,116 males and 3,829 females) were sensitized on PMTCT;
- 2,189 males were sensitized on involving themselves in ANC; 379 in FP; 2,538 in PMTCT services;
- 1,942 couples were sensitized on HIV/STIs.

Community health workers referred to health facilities:

- 179 females of childbearing age for HTC and 7 for FP services
- 202 males for HTC and 6 for FP services.
- 94 pregnant women were referred for ANC; 39 for HTC; 5 for PMTCT and 61 for delivery.

These services were reached thanks to a network of volunteers operating at the community level. In the same way, IEC materials such as booklets (2,705) as well as 36,536 condoms (34,751 for males and 1,785 for females) were distributed by Peer Educators to individuals of childbearing age.

There were 157 Peer Educators (PE) of Female Sex Workers (FSW) who were sensitizing in their respective areas. FSW were sensitized on the following:

- 967 on FP;
- 186 on PMTC; and
- 120 partners of FSW were sensitized on HIV testing.

PE referred FSW to the following services:

- 16 FSW were referred for HIV testing;
- 9 for FP services;
- 11 pregnant FSW were referred to different services such as ANC (1), HIV testing (7), STI and post-delivery consultation (3) ;
- 17 breastfeeding FSW were referred for: FP services (9), STIs (2), HTC (3) and PMTCT (1) and post-delivery consultation (2).

In addition, 9 partners of FSW were referred to health facilities for different services: seven for HTC, one for FP, and one for STIs. A total number of 9,003 condoms (8,791 for males and 212 for females were distributed to FSW by their PE.

I. 2. Objective # 2: Prevent unwanted pregnancies among HIV+ women

The prevention of unintended pregnancy is one of four PMTCT pillars. In order to prevent new cases of mother-to-child HIV transmission, unintended pregnancies should be prevented among HIV+ women of childbearing age through the use of modern contraceptive methods.

Among health facilities with PLHIV, 80 of them provided data on family planning integration. In these 80 health facilities, 1,468 HIV+ women of childbearing age were sensitized on modern contraceptive methods and 575 these women adopted one of these methods:

Individuals who adopted modern contraceptive methods are disaggregated as follows:

- 181chose condoms;
- 185 chose an injectable method;
- 60 chose birth control pills;
- 36 chose an implant;
- 95 chose the Standard Days Method;
- 10 choses an Intra-Uterine device;
- 1 chose to have vasectomy; and
- 7 chose to have tubal ligation.

As of September, 2015, 2,759 HIV+ individuals were still using a modern contraceptive methods. The total number of HIV+ women using contraception 2,759 (575 of Quarter 4+2,184 as of June) out of 17,796 HIV+ women of childbearing age (15-49 old). Contraceptive prevalence for this group is at 15.5%. Among 232 health facilities supported by PEPFAR through PMTCT Acceleration Project, 210 health facilities are directly providing integrated voluntary family planning services. Three sites were offering vasectomy to male who chose this method. ABUBEF took the lead in providing vasectomy method (ABUBEF Jabe) and have trained a technical team in Gitega and Ngozi hospitals to offer the vasectomy method to their beneficiaries.

I. 3. Objective # 3: Prevent mother-to-child HIV transmission

Outlets offering comprehensive PMTCT services

During this period, the project supported 232 service outlets providing comprehensive PMTCT services including Antenatal care, HIV testing and counseling, diagnosis and management of sexually transmitted infections (STIs), safe obstetrical practices, counseling for safe infant feeding and follow-up until 18 months of age.

Due to the specificity of the site, some facilities offer ARVs to PLHIV but do not provide ANC services for pregnant women. These facilities include Service Yezu Mwiza and the hospitals of Kiremba and Gitega.

HIV+ pregnant women and infants born to HIV+ mothers ARVs enrollment.

It is very important that once HIV+ pregnant women and infant born to HIV+ women be enrolled on ART to prevent HIV transmission.

In PMTCT settings, prophylaxis and ARV treatment were offered to HIV+ pregnant women. Option B+ was adopted in January 2015 and recommends that all pregnant women newly identified HIV+ to be enrolled on life-long ART. During this period, 324 pregnant women were newly identified HIV +. An additional 264 pregnant women knew they were HIV+ prior to the current pregnancy. The total number of HIV+ pregnant women is therefore 588.

Among the 588 HIV+ pregnant women identified during this quarter, 536 were enrolled on life-long ART. The percentage of HIV+ pregnant women who received ARVs to reduce the risk of mother-to-child HIV transmission, during this quarter, is 90.9% (536/588).

During this quarter, 311 infants were born to HIV+ mothers (147 males and 164 females) received ARV prophylaxis according to the National protocol.

Chart 1: Comparison of HIV+ pregnant women and those enrolled on ARVs from Oct 14 to September 2015

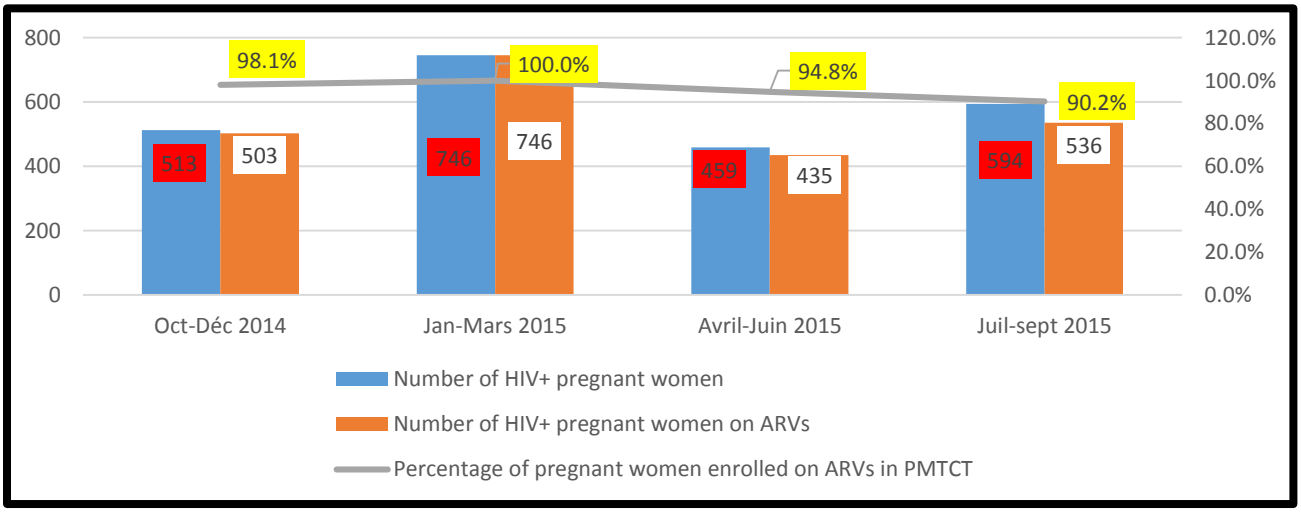
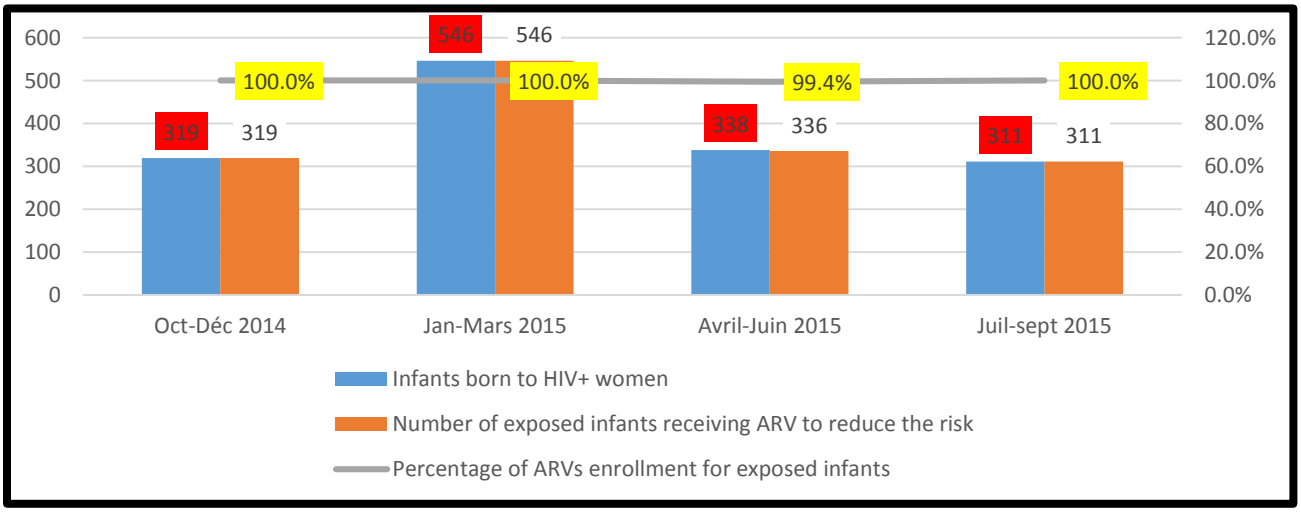


Chart 2: Comparison of infants born to HIV+ mothers and those enrolled on ARVs from Oct 14 to September 2015



The above charts show the progress towards ARV enrollment among HIV+ pregnant women and exposed infants born to HIV+ women from October 2014 to September 2015.

I. 4. Objective # 4: Provide Care and support services to HIV+ women, their infants and families

Early HIV Diagnosis among exposed infants (EID)

Early HIV diagnosis among infants born to HIV+ women is performed using the PCR machine which is located at the National Laboratory of Reference within the National Institute of Public Health. The PCR machine is used to perform PCR test for infants born to HIV+ women. The national protocol recommends that infants born to HIV+ mothers be tested at least once with PCR1 at the age of 6 weeks of birth. If PCR1 is revealed to be negative, the infant will be subject of serology test at the age of 9 months. If the latter is negative too, the infant will continue to be followed until 18 months when he will be tested to confirm his HIV status. Whenever PCR test is positive, the child is immediately enrolled on ART.

During this period, 25 infants were tested for PCR1 within 2 months of birth and 18 infants benefited from virologic HIV test aged between 2-12 months (PCR1). The total number of exposed infants tested with PCR test is 43. Disaggregation according to positive results, 2 infant was tested HIV+ with PCR done within 2-12 months. The fact that the only PCR machine available at INSP is repeatedly and often out of service constitutes a major handicap to achieve the annual target set at 95%. Taking into consideration the number of infants tested with PCR1 (43) while comparing it to the number of pregnant women (588) identified HIV+ during this quarter (July-September 2015), the achievement is 7.3% (43/588)

Clinical services

Care and support programs provide a range of services across the continuum of care, addressing clinical and non-clinical needs of people living with HIV (PLHIV) in the pre-ART and ART phases of care. Clinical care is essential for all PLHIV, including periodic assessment of clinical and immune status; determination of eligibility for ART, with timely initiation of ART for all eligible clients; and provision of other services known to reduce morbidity and mortality, such as screening and prophylaxis for opportunistic infections. In health facilities where CD4 count machines are available, the CD4 count is done and clients are enrolled on both cotrimoxazole prophylaxis and antiretroviral therapy (CD4 $\leq$ 500) according to the CD4 count results. Clinical TB screening is conducted to each patient's visit at all stages as part of TB/HIV services integration.

In general, each PLHIV received at least the clinical assessment using WHO staging. Considering that some services are provided to the same population (PLHIV), only individuals who received clinical staging and cotrimoxazole prophylaxis are taken into account for this indicator in order to minimize double-counting.

During this period, clinical services were provided to 24,682 PLHIV (8,162 males and 16,520 females).
Disaggregated by age groups is as follows:

Table 4: Individuals who received clinical services

Sex/Age	<1	1-4	5-9	10-14	15-19	20-24	25-49	50+	Total
Female	24	147	337	459	619	1490	10595	2849	16,520
Male	19	130	329	402	325	446	4321	2190	8,162

Cotrimoxazole Preventive Therapy

During this period under review, 232 delivery points provided cotrimoxazole preventive therapy to PLHIV. Due to the loss of immunity, PLHIV are more vulnerable to opportunistic infections (OIs). The prevention of these infections requires regular administration of cotrimoxazole prophylaxis. During this period, 1,123 individuals (Male: 389; Female: 734) were newly enrolled on cotrimoxazole as a preventive therapy.

Disaggregated by age groups:

Table 5: Individuals enrolled on cotrimoxazole prophylaxis

Sex/Age	<1	1-4	5-9	10-14	15-19	20-24	25-49	50+	Total
Female	9	7	16	17	50	123	443	69	734
Male	6	35	12	10	4	44	208	70	389

Antiretroviral therapy

During this reporting period, ART was supported within 78 service delivery points distributed in the 4 Provinces as follows: 29 for Bujumbura city, 20 for Bujumbura Rural, 23 for Gitega and 6 for Ngozi. As of September 2015, 20,482 individuals (including HIV+ pregnant women on option B+) were on ART: 6,526 males (31.9 %) and 13,956 females (68.1%).

Disaggregation according to age groups is as follows:

Table 6: Individuals receiving ART

Sex/Age	<1	1-4	5-14	15-19	20+	Total
Female	7	112	547	432	12,858	13,956
Male	10	98	501	309	5,608	6,526

In the same way, 1,517 individuals were newly enrolled on ART (372 males and 1,145 females).

Disaggregated by sex and age groups:

Table 7: Individuals newly enrolled on ART

Sex/Age	<1	1-4	5-9	10-14	15-19	20-24	25-49	50+	Total
Female	1	9	10	18	38	97	884	88	1,145
Male	2	19	8	20	10	16	224	73	372

TB-HIV service integration

During Quarter 4 (July-September 2015), 3656 PLHIV (1176 males and 2480 females) were screened for TB in clinical settings for the first time. As of September 2015, 15,983 individuals were screened for TB symptoms at their last clinical visit. Taking as denominator the number of HIV-positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load [24,682 CARE-CURR individuals (M: 8,162; F: 165,200)], the percentage of PLHIV in HIV clinical care who were screened for TB symptoms at their last clinical visit is then 64.6% (15,983/24,682).

II. CROSS CUTTING ACTIVITIES

II.1 Health Systems Strengthening

Health facility strengthening with capacity to perform clinical laboratory tests

As of September 2015, 50 health facilities with capacity to perform biological analyses were supported by the project and among them, 21 are equipped with machines to perform CD4 count (12 PIMA and 9 FASCOUNT machines). In partnership with MSH through SCMS, those laboratories were supplied in reagents and other commodities or consumables to perform HIV testing, biochemistry and hematology analyses. For details see appendix 1.

The 12 PIMA and 9 FASCOUNT machines are located in the following health facilities: (i) PIMA─ CNPK, CPLR, Kabezi, Rushubi, Kibuye, Ntita, Mivo, Kibimba, Buye, Mutoyi, Musaga and Nyangwa and (ii) FASCOUNT─ Hospitals of Ijenda, Kiremba, Ngozi, Gitega and Mutaho, ABUBEF Jabe, SWAA, Nouvelle Espérance and ANSS Gitega clinics. Note that PIMA machines are contributing to performing CD4 count, which before was only performed using the existing FASCOUNT machines.

During this period, FASCOUNT machines located in hospitals of Mutaho, Gitega and Ijenda, clinics of ANSS Gitega and SWAA Bujumbura were out of service. The maintenance was not performed due to security issues (the maintenance team from the contracting company is based in Kenya) and was not allowed to come in Burundi during the civil unrest which hit Bujumbura Urban areas.

To provide adequate follow up to PLHIV numerous biological analyses were done in supported laboratories, including: Viral load (1440), CD4 count (4813), Hemogram/Hemoglobin (4662), Antigen HBS (1486), HVC antibodies (900), SGOT (3347), SGPT (3363), Glycemia (3886), creatinine (4475), cholesterol (1871) and amylase (75). For details see appendix 3.

Note that in Burundi machines which perform viral load test started working in August 2015 and those machines are located in INSP and ANSS.

Renovation of health facilities' infrastructure

During this reporting period, the project supported 43 health facilities of different health districts to improve the state of their infrastructures to meet the norms and standards of the Ministry of Public Health and Fight against AIDS. This also helped health providers to work in good conditions and provide quality services. The support consisted of the renovation of some services such as laboratory, waste area, antenatal rooms and maternity blocks. In total, 43 health facilities were renovated. For detail, appendix 2. (Photos=before and after).

Before: Wase management area of Bunyuka HC

After: Waste management area of Bunyuka HC

Before: Lab of Murambi HC

After: Lab of Murambi HC

Training sessions

To maintain quality project implementation and health care services, health providers were trained on various topics according to updated protocols. During the reporting period, training sessions were organized for providers. As it was the end of the fiscal year, few training sessions were organized because most of them were done in previous quarters. For details see Table n° 3 below.

Table 8: Training sessions organized during the reporting period

Type of workers	Topics	Trained		
		M	F	M+F
Health providers	ARV treatment including new guidelines	16	13	29
	The use of mobile technology	21	16	37
Total		37	29	66

Pre-service training

Activities for the second class of pre-service training for laureates of Faculties of Medicines or medical institutes, started in April 2015. This training will lasted 6 months and was subdivided into 2 phases: (i) theoretical training (phase 1: 15 days; phase 2: 10 days, plus 5 days after the internship training) and (ii) internship training for 4 months. This second class was composed of two groups: (i) 74 laureates from Faculties of Medicine (universities of Burundi and Hope Africa) and (ii) 46 laureates from health institutes which graduate student after 4 years and provide to them a bachelor degree in health. Those are the universities of Mwaro, Ngozi and institutes of INSP and IUSSDC.

Both groups went through theoretical training and internship training which was held in 15 different selected sites. During the training, students were subject to an assessment at the beginning and at the end of the training. Both theoretical and internship assessments conditioned the acquisition of diplomas. At the end of the training (September 30, 2015), 113/120 students had completed the six-month training (second class of pre-service training).

II.2 PMTCT community approach

Male involvement in RH/HIV/PMTCT services

Interactive theater was introduced as a new approach in March 2015. During this quarter, a group of 54 actors from different Health Districts (Bujumbura Nord, Ngozi and Kibuye health districts) were making sensitization through interactive theater at community level for the general population, with a particular focus on males and their involvement in PMTCT services demand. During the performance, the actors target areas that are more attended by men while taking into consideration the hours when the majority of the targeted population are available. This approach attracts many people and provides an opportunity for public comment regarding the right attitudes and responsible behavior to be adopted by the community, especially men in terms of RH/HIV/PMTCT service demand. As part of this approach, 1,881 males were sensitized on PMTCT related services demand.


Street theater performance

Mobile Technology Implementation

In the previous quarter (Quarter 3), the implementation and monitoring team of the mobile technology reporting system updated the application based on lessons learned from the pilot phase. The updated version of the application with a new form was finalized. The new data collection form is different from the one used during the pilot phase, as it takes into account the follow-up of pregnant women who tested HIV+ and their infants after delivery. The form focuses on PMTCT related data and considerably reduces the work of smartphone users, as they will no longer be obliged to record no-critical PMTCT related data.

With the new tool, the project expects to extend this technology in other Health Districts and preparation for the extension is in progress. In addition to the development of the application by TechLab technicians/experts, the project has already purchased new smartphones and their accessories to be used in Ngozi, Bujumbura Rural and Bujumbura city.


Participants handling smartphones during the training

During this quarter, a 4-day training session on mobile technology, was organized in Ngozi for health providers as future users of smartphones (from 23-26 August 2015). These users will soon benefit from smartphones and will be able to start using this modern data collection tool. During the training, smartphones were used as teaching material.

Regarding mobile technology update, an online analytical and data processing system which will facilitate the control/management and supervision of CommCare activities is being developed in collaboration with TechLab technicians.

II.3 Capacity building for the 6 CSOs "Implementing Partners" of PMTCT Project

In the framework of capacity building of the Civil Society Organizations, PMTCT Acceleration Project conducted supportive supervisions to its partner organizations, that it, 6 Civil Society Organizations (SWAA Burundi, ANSS, ABUBEF, RBP+, CROIX ROUGE Burundi, Ngozi branch and Service Yezu Mwiza as well). From July 15 to 28, 2015, PMTCT project carried out the supportive supervisions to the 6 aforementioned civil society organizations to build the capacities of those partner organizations with respect to compliance with Donor requirements and procedures as well as FHI 360 procedures. Those checks focused on procurements policies and requirements, technical and financial reporting requirements, Human resources management, and other general compliance aspects set forth within the executed subgrants that FHI 360 signed with those Civil Society Organizations.

CSOs Governance and staff members during a 4-day training on Leadership and Management

Another worthwhile activity conducted by PMTCT project in the framework of capacity strengthening is a four-day training (September 14-17, 2015) on Organizational Leadership and Management for 30 participants from Governance members and Senior Technical staff of the 6 Civil Society Organizations. This organizational Leadership and Management training was organized to meet the needs of the Board members as identified by the capacities assessment conducted last year by PMTCT project. This Leadership Program Development was also conducted to implement the Institutional Improvement plans (Action Plans) that were developed by PMTCT project in close collaboration with the CSOs.

During this Quarter 4, PMTCT Acceleration Project provided financial support to 10 staff members of the CSOs who participated in the workshops organized and facilitated by African Financial Capacity Development Institute (AFFICADE) on the training on SAGE SAARI accounting software, the Revised National Accounting Plan as well as Public Procurement policies and procedures. That support was provided in the framework of capacity strengthening and implementation of the CSOs. Note that action plans developed before to address weaknesses identified in the financial and procurement management aspects of some organizations.

III. MONITORING AND EVALUATION

During this reporting period, the country went through an election process and civil unrest emerged. Despite the crisis─ throughout the country, supported health facilities were operational although some activities were not performed as well in affected areas (Bujumbura Urban).

In previous quarter (April 2015), the project received the Program and Technical Quality Assessment (PTQA) team from FHI 360 headquarters and project staff participated in the PTQA. During this quarter, the project continued to implement PTQA recommendations such as: (i) Ensure that 90% of patients on ART have a CD4 test every six monthly; (ii) Ensure that providers and M&E staff at health facilities own the performance of their PMTCT programs, (iii) Ensure the integration of different departments of PMTCT Acceleration Project (Finance, Program & Technical).

During this reporting period, a DQA has been conducted in two areas: in July, the DQA has been conducted in nine health facilities located in Bujumbura Urban and in August, the DAQA has been conducted in Ngozi province. For other facilities who did not benefit of DQA session, the M&E staff organized data analysis and validation meeting at the end of each DQA in Ngozi and Bujumbura urban. As far as FY 2016 in concerned, the project set FY 2016 target and the same target were recorded into DATIM template. Data were collected, captured (data entry) and analyzed in PMTCT database as well as into DATIM. Feedback was provided to sites and a report was developed.

Community sites and health facilities were subject of site visit conducted by PEPFAR team. Sites visited are: Service Yezu Mwiza, Rwibaga and Ngozi hospitals, Kinama and Mageyo health centers as well as Magengo as a community site. Note that the representative of USAID in Burundi participated in SIMS visit conducted at Service Yezu Mwiza. For these sites visit, a dashboard was shared and the project management has to take into account all observations/recommendations received in order to improve the quality of services provided at each site. It was much appreciated because a discussion was conducted between the health provider and the team which conducted the exercise.

During this period, taking into consideration the new reporting system called "DATIM', the project management has established the target for FY 2016 and data were registered in DATIM template for each site which will be supported by PEPFAR program in Burundi.
At the end of the quarter under review, the project management developed a work plan for FY 2016 (for the life of project). This work plan includes targets for key indicators that will be followed during FY2015. The work plan has been submitted to USAID.

IV. PARTNERSHIP WITH OTHER ORGANIZATIONS

During this reporting period, Project staff attended to a workshop organized by the Ministry of Public Health and the fight against AIDS in partnership with its partners. Workshops attended are:

- ✓ September 8-11, 2015: workshop was organized on behalf of the technical team in charge of the identification of HIV/IST indicators to be integrated in the Health Information System called "***Système d'Information Sanitaire (SIS)***" used within the Ministry of Public Health and the Fight against AIDS;
- ✓ September 27-28, 2015 and September 1-2, 2015: M&E Staff participated in a training session organized by the Ministry of Public Health and the fight against AIDS at Gahahe Hills Hotel.
- ✓ PMTCT Acceleration project has been invited when the national level was revising tools that will be taken into consideration on routine health information system (Système d'Information Sanitaire)

V. APPENDICES

Appendix 1. Health facilities with capacity to perform clinical laboratory tests by health province

Province	Health District	Laboratories with capacity to perform biological analysis	Laboratories with FASCOUNT or PIMA machines
Bujumbura city	Bujumbura Centre	13	2 sites with FACSCOUNT 1 site with PIMA
	Bujumbura Nord	8	1 site with FACSCOUNT 1 site with PIMA
	Bujumbura Sud	7	1 site with PIMA
Bujumbura Rural	Kabezi	2	1 site with PIMA
	Isare	3	1 site with PIMA
	Rwibaga	2	1 site with FACSCOUNT
Gitega	Gitega	8	2 sites with FACSCOUNT 1 site with PIMA
	Mutaho	1	1 site with FACSCOUNT 1 site with PIMA
	Ryansoro	1	2 sites with PIMA
	Kibuye	1	1 site with PIMA
Ngozi	Ngozi	2	1 site with FASCOUNT 1 site with PIMA
	Kiremba	1	1 site with FASCOUNT
	Buye	1	1 site with PIMA
Total	13	50	12 PIMA & 9 FASCOUNT

Appendix 2: Health facilities rehabilitated

Province	Health District	Health facilities	Premises rehabilitated
Bujumbura city	Bujumbura Centre	Bwiza-Jabe HC	reception room
		CMC Buyenzi	Inpatient n room
	Bujumbura Nord	Ngagara HC	the whole building
		CNPK	laboratory room
	Bujumbura Sud	Kanyosha HC	Waste area
		Musaga HC	laboratory and pharmacy area
Bujumbura Rural	Kabezi	Kabezi hospital	Administrative building and Care services room for PLIVH
	Isale	Rushubi hospital	Care services room for PLIVH
		Rukaramu HC	incinerator
	Rwibaga	Nyabiraba HC	Waste area
		Kankima HC	Waste area
Gitega	Gitega	Gitega Hospital	Surgery, maternity and pediatric rooms,
		Kibimba hospital	Care services room for PLIVH
		Kibimba HC	ANC and counseling area; and discharge area
		Gitega HC	Reception, ANC, FP rooms and discharge area
		Murayi HC	Rooms of ANC, HTC and lab; discharge area
		St Thérèse hospital	Lab, care service room for PLHIV and discharge area
		Gasunu HC	Maternity, delivery and waiting room; latrines and discharge area

		Muremera HC	Lab, maternity, ANC, HTC rooms and discharge area
	Mutaho	Mutaho hospital	laboratory and maternity rooms
		Bugendana HC	Maternity, ANC and vaccination rooms
		Mutaho HC	ANC and counseling rooms
		Nkanda HC	FP and post-partum consultation rooms
		Mugera HC	ANC, vaccination and maternity rooms
		Kirimbi HC	Lab, ANC, HTC and care service rooms
		Nyamagana HC	Maternity, lab, ANC, FPO and discharge area
Ngozi	Ngozi	Gakeceri HC	Rooms of maternity, laboratory, ANC/FP and discharge area
		Shango HC	
		Makaba HC	
		Mparamirundi HC	
		Bigera HC	
		Busiga	
		Mubanga I HC	
		Mubanga II HC	
		Mugomera HC	
		Ngozi Hospital	Consultation and waiting rooms, corridor
	Buye	Rurama HC	Rooms of maternity, ANC/FP and discharge area
		Gitare HC	
		Gatobo HC	Rooms of maternity, laboratory and discharge area
		Sabunda HC	
		Kagozi HC	
		Rwabiriro HC	Maternity and laboratory area
		Buye hospital	Operating room and laboratory
Total	13	43	

Appendix 3. Biological analysis performed during this quarter by health Province

Biological Analysis	Bujumbura city	Bujumbura Rural	Gitega	Ngozi	TOTAL
Viral load	1034	59	317	30	1440
CD4	2560	249	850	1154	4813
Hemogram/Hemoglobin	3768	174	429	291	4662
Hbs Antigen	1052	108	158	168	1486
HVC Antibodies	686	89	40	85	900
SGOT	2404	110	508	325	3347
SGPT	2430	109	560	264	3363
Glycemia	2767	237	578	304	3886
Creatinine	3382	110	707	276	4475
Cholesterol	1404	60	296	111	1871
Amylase	14	42	19	0	75

Appendix 4. Achievement against targets for Quarter 4, FY 2015

The table below summarizes the achievements against targets as of June 2015

Performance indicators by objective

Performance Indicators	Targets FY 2015	Achievement as of September 2015	Performance	Comments
Objective 1:Prevent HIV in women of childbearing age				
# of pregnant women with known HIV status (includes women who were tested for HIV and received their results): [PMTCT_STAT]	171,089	182,714	106.8%	
# of health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site [P1.3.D]	215	232	107.9%	
# Number of individuals who received HIV Testing and Counseling (HTC) and received their test results [HTC_TST]	274,229	380,372	138.7%	
# of persons provided with post-exposure prophylaxis (PEP) [P6.1.D]	572	481	84%	
#of MARPs reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards [KP_PREV]	1,500	1,666	111.1%	Due to the mobility of this key population for various reasons, the number of people targeted can be more or under the target.
Objective 2: Prevent unwanted pregnancies among HIV-positive women				
% of women of childbearing age tested HIV-positive using a modern FP method	20%	2,759/17,796	15.5%	
% of HIV related delivery service points offering FP counseling and/or modern FP methods. [FPINT_SITE]	*90%*	232/215	107.7%	
Objective 3: Prevent mother-to-child HIV transmission				
# of health facilities offering comprehensive PMTCT services	215	210/215	97.7%	
# and % of HIV-positive pregnant women who received antiretroviral to reduce risk of mother to child transmission [PMTCT_ARV]	1,625	2,090	128.7%	There were 42 sites which were added during Quarter 2 of FY2015
Objective 4: Provide care and support for HIV-positive women, infants, and families				

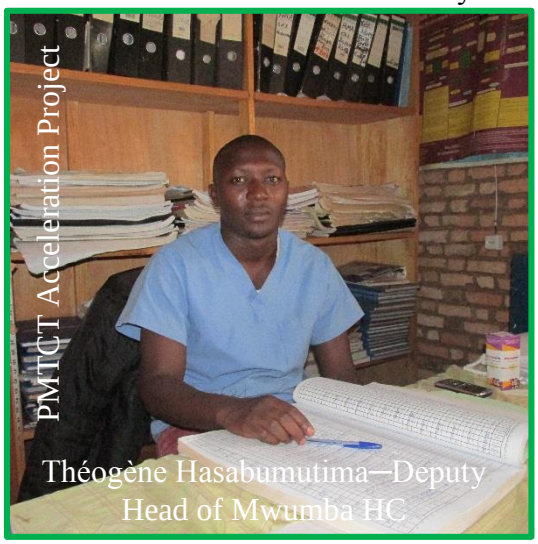
Performance Indicators	Targets FY 2015	Achievement as of September 2015	Performance	Comments
% of infants born to HIV-positive women who received an HIV test within 12 months of birth [PMTCT_EID]	95%	64/1,562	3.9%	The challenge is that the only existing machine for PCR test for the whole country was not working for a long period in FY 2015.
# of HIV-positive adults and children receiving a minimum of one clinical care service (C 2.1.D)	15,330	24,682		There were health facilities added in Quarter 2 which had PLHIV followed
# of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) or CD4 count or viral load	10,731	24,682		The same as above
% of HIV positive patients who were screened for TB in HIV care or treatment settings (C 2.4.D, sub-set of C2.1.D)	10,731	15,983		There were health facilities added in Quarter 2 which had PLHIV followed
# of testing facilities (laboratories) with capacity for performing clinical laboratory tests [LAB_CAP]	20	50		There were health facilities added in Quarter 2 which have laboratories with capacity to perform biological analysis
# of new health workers who graduated from a pre-service training institution [HRH_PRE]	240	229	95.4%	
# of healthcare workers who successfully completed an in-service training program within the reporting period (H2.3.D)	1,862	2,020		
# of community health and Para social workers who successfully completed a pre service training program (H2.2.D)	1,745	1,216	69.7%	

Appendix 5. Success stories

1. Health Facilities and Community Linkage

In Ngozi province, the project is helping to improve the quality of health services as well as reinforcing health facility and the community connection through the sensitization and referral performed by community volunteers led by RBP+— local implementing partner. Mwumba health Center (HC) ─ one of 15 health facilities within Buye District, is closely working with community volunteers of its catchment area to increase the demand of health service by the community.

Théogène Hasabumutima, Deputy Head of Mwumba HC, is grateful with the project intervention as before the HC was not able to satisfy its clients' needs due to the lack of equipment, training, reagent and other commodities but now the HC has integrated all services. "Offer comprehensive PMTCT services, thanks to PMTCT Acceleration project", says *Théogène*. The HC benefited from various services, namely trainings for staff, ARV for PMTCT, HTC test kits, renovation of laboratory and maternity rooms; and is no longer experiencing any stock-out of commodities or reagents.



Théogène Hasabumutima─Deputy Head of Mwumba HC

"*Health services demand has increased thanks to the activities performed by community volunteers at community level*", testifies the Deputy Head of the HC. In the HC's catchment area, there are community volunteers who sensitize and mobilize communities to attend health facilities for health service demand. Beneficiaries are grateful as the messages received from them such as: "*I was sensitized on the importance of HIV testing and PMTCT program adherence by a community volunteer when I was pregnant. For the first ANC visit, I was accompanied by her. At the HC, I received a warm welcome and tested HIV-negative*", testified it.

Community volunteers are happy of how they collaborate with the HC as all referred individuals are well received at the HC. "*We much appreciate the way our referees are received*", says a community volunteer. In close collaboration with local authorities, community volunteers often organize sensitization meetings at community level with health services related messages on their agenda, especially the prevention of HIV infection and the importance of PMTCT program enrollment. For FY 2015, community volunteers working with Mwumba HC, have referred 86 individuals for HTC services.

PMTCT Acceleration Project is a three-year USAID-funded project supporting HIV prevention activities in four provinces, namely Bujumbura urban and rural, Gitega and Ngozi, since May 2013. Services provided include (i) prevention of HIV among women of childbearing age, (ii) prevention of unwanted pregnancies among HIV+ women, (iii) prevention of mother-to-child transmission of HIV and (iv) provision of care and support to HIV+ women, their infants and families.

The HC wishes to continue working with community volunteers to raise people's awareness regarding health service demand. "*We wish to jointly organize sensitization meetings at community level to support community volunteers'* activities", says *Théogène.*

2. Save Lives Thanks to Mama Mentors 'Activities

"We wish to contribute in the prevention of new HIV infections"

In Bujumbura Rural, the project is helping to prevent new HIV infections among women of childbearing age, their partners and children. Though Service Yezu Mwiza (SYM) ***—PMTCT Acceleration Project*** partner, in partnership with male champions and mama mentors appointed at community level, the project is helping to increase people's awareness on HIV infection, especially PMTCT program.

Jacqueline Bahati and *Christophe Irivuzimana*, parents of 2, live at Magara I colline — Bugarama commune, succeeded the PMTCT program and now are contributing to raise people's awareness regarding HIV prevention in their neighborhood. "*I knew about PMTCT program after a discussion with my neighbor who went through the program as I was pregnant of my 2-year child*", testifies *Jacqueline*. After the discussion, she decided to go to Magara HC for ANC services and was tested HIV+. To protect the baby, nurses enrolled her on PMTCT program and recommended her to come with her husband and the older child for the next appointment.

Couple who succeeded the PMTCT Program

From the HC, *Jacqueline* disclosed her HIV status to her husband and advised him to get tested for HIV. "*Coming back from ANC services, my wife told me about her HIV+ status and asked me to get an HIV testing. I neglect her advice but she insisted*", says *Christophe*. As he was often sick, his wife decided to discuss about the situation with their close friends who encouraged him to get tested and tested HIV+.

The couple remained unity despite their HIV+ status and responded together on PMTCT program appointments. When delivery time came, *Jacqueline* was grateful to be accompanied by her husband. "*I am proud to have such a husband who cares much about his family*", she explains. After birth, their child received preventive therapy and went through PMTCT protocol until when the serology test done at 18 months revealed that their child was HIV-free.

The couple was not optimistic that an HIV couple could deliver an HIV-free baby. "*We were not aware whether an HIV+ couple could get an HIV-free baby*", testifies the couple. Since then, the couple is involved in the sensitization campaign with the main message "*importance of HIV testing and PMTCT program*". Within 18 months as model couple, they have already sensitized 42 couples.

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The couple is committed to continue mobilizing their friends and neighbors as well as youth on the importance of HIV testing.